

MICHIGAN DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION AND EARLY INTERVENTION SERVICES  
Program Improvement Unit

## 2006-2007 NASDSE Downlink Request Form

***District Information*** (please complete if registering in this capacity):

School District\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ Zip Code\_\_\_\_\_

Telephone\_\_\_\_\_ Fax Number: \_\_\_\_\_

***Intermediate School District Information*** (please complete if registering in this capacity):

Intermediate School District\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ Zip Code\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

***Contact Person Information*** (must be completed):

Contact Name\_\_\_\_\_ Title\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ Zip Code\_\_\_\_\_

Telephone\_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address\_\_\_\_\_

***Please return completed form to:***

Yolanda Stephens, NASDSE Satellite Coordinator  
MDE – OSE/EIS • P.O. Box 30008 • Lansing, MI 48909  
Telephone: (517) 373-6325 • Fax: (517) 373-7504  
Email: [stephensy@michigan.gov](mailto:stephensy@michigan.gov)